Recipient Committee Campaign Statement — Short Form EE INSTRUCTIONS ON REVERSE	Type or print in	ink.	Date Stamp		CALIFORNIA 450	
For use by recipient committees which have not received a contribution or other receipt which must be itemized, have not eceived or made loans, and have no outstanding accrued expenses.	Statement covers period from04/01/2009	Date of election if applicable: (Month, Day, Year)		Page	e 1 of 6 For Official Use Only	
	through 05/02/2009	05/05/2009				
O Primary Formed O Sp	al Purpose Committee onsored nall Contributor Committee	2. Type of Stateme Pre-election Stater Semi-annual State Termination Stater Amendment (Explainable (also check type of state) This amendment is being fine	nent ment nent ain) ment you are amending)	☐ Specia ■ Supple Statem	rly Statement I Odd-year Report mental Pre-election lent - Attach Form 495	
3. Committee Information	I.D.NUMBER 880969	Treasurer(s)				
COMMITTEE NAME	<u> </u>	NAME OF TREASURER				
Drive - Democrat, Republican, Independent Voter Education		C Thomas Keegel				
		MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
CITY STATE ZIP CO	ODE AREA CODE/PHONE	Washington NAME OF ASSISTANT TREASUR	DC RER, IF ANY	20001	202.624.6905	
Washington DC 20001 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	-	MAILING ADDRESS				
CITY STATE ZIP CO	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX/E-MAIL ADDRESS 202.624.8796 / drive@teamstersdrive.org		OPTIONAL: FAX/E-MAIL ADDREdbennett@teamster.org	SS			
Verification I have used all reasonable diligence in preparing and rev under penalty of perjury under the laws of the State of Ca Executed on 05/05/2009	iewing this statement and to the b alifornia that the foregoing is true a By C Thomas Keegel	est of my knowledge the informati	on contained herein	is true and co	mplete. I certify	

Executed on <u>05/05/2009</u>	By C Thomas Keegel
DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	Ву
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on	By
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on	By
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Type or print in ink

Recipient Committee Campaign Statement Summary Page	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from04/01/2009	CALIFORNIA 450
		through <u>05/02/2009</u>	Page 2 of 6
NAME OF COMMITTEE Drive - Democrat, Republican, Independent Voter Education			I.D. NUMBER 880969
Expenditures Made			
1. Expenditures of \$100 or more made this period			\$37,000.00
2. Expenditures under \$100 made this period (Not itemized.)			\$7.94
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD		Add Lines 1 +	2 \$37,007.94
4. Nonmonetary Adjustment		From Line 8 Belov	v <u>\$0.00</u>
5. Total expenditures made from previous statement		Previous Summary Page, Line	6 \$62,675.24
6. TOTAL EXPENDITURES MADE TO DATE		Add Lines 3 + 4 +	5 \$99,683.18
Contributions Received			
7. Monetary contributions received this period			\$27,457.36
8. Non-monetary contributions received this period			\$0.00
9. Total contributions received from previous statement		Previous Summary Page, Line 1	970,794.94
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		Add Lines 7 + 8 +	9 \$98,252.30
Current Cash Statement			
11. Beginning cash balance		Previous Summary Page, Line 1	5 (\$244,694.56)
12. Cash receipts this period		Line 7 abov	e \$27,457.36
13. Miscellaneous increases to cash			\$2,500.00
14. Cash expenditures this period		Line 3 abov	re <u>\$37,007.94</u>
15. ENDING CASH BALANCE THIS PERIOD	Add Lines 1	1 + 12 + 13, then subtract Line 1	4 (\$251,745.14)

Recipient Committee Campaign Statement - Short Form—

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{04/01/2009}{}$	CALIFORNIA FORM	450		
through05/02/2009	_ Page _3	of <u>6</u>		
	I.D. NUMBER			
	880000			

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Drive - Democrat, Republican, Independent Voter Education

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
04/13/2009	Friends Of Luis Estrada Monterey Park, CA 91754 Committee ID: 1314819	MONETARY CONTRIBUTION Luis Estrada, CITY COUNCIL CA-Debt Retirement	Candidate: Luis Estrada Race: City Council Member Jurisdiction: Local Jurisdiction Description: (Local Jurisdiction Name)	\$2,500.00	\$2,500.00 Other 2009P \$2,500.00
			Support Oppose Contribution Ind. Exp		
13/2009	Ronald Gonzales-Lawrence For School Board Norwalk, CA 90650 Committee ID: 1296812	MONETARY CONTRIBUTION Ronald Gonzales-Lawrence, School Board CA	Candidate: Ronald Gonzales-Lawrence Race: School Board Jurisdiction: Local	\$500.00	Calendar Year \$500.00
			Jurisdiction Description: (Local Jurisdiction Name)		Other 2011G \$500.00
			Support Oppose		
			Contribution Ind. Exp		
13/2009	Paul Koretz For City Council General 2009 Los Angeles, CA 90004 Committee ID: 1316288	MONETARY CONTRIBUTION Paul Koretz, CITY COUNCIL CA	Candidate: Paul Koretz Race: City Council Member Jurisdiction: City Jurisdiction Description: (City Name)	\$500.00	\$500.00 Other 2009G \$500.00
			Support Oppose	_	
			Contribution Ind. Exp		
13/2009	Bonnie Lowenthal For Assembly 2010 Sacramento, CA 95814 Committee ID: 1314507	MONETARY CONTRIBUTION Bonnie Lowenthal, STATE HOUSE 54th CA	Candidate: Bonnie Lowenthal Race: State Assembly Person District 54 Jurisdiction: State Assembly District Jurisdiction Description: Assembly District	\$2,000.00	\$2,000.00 Other 2010P \$2,000.00
			Support Oppose		
			Contribution Ind. Exp		
	,	•	SUBTOTAL	'	

^{*} Required only for payments which are contributions or independent expenditures.

Recipient Committee Campaign Statement - Short Form—

Type or print in ink. Amounts may be rounded to whole dollars.

		oriorer i orani		
Statement covers period from 04/01/2009	CALIFORNIA FORM	450		
through05/02/2009	Page 4	of _6		
	I.D. NUMBER 880969			

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Drive - Democrat, Republican, Independent Voter Education

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
./13/2009	Jan Perry Officeholder Account Los Angeles, CA 90025 Committee ID: 1223341	MONETARY CONTRIBUTION Jan Perry Officeholder Account	Candidate: Jan Perry Race: City Council Member Jurisdiction: Local Jurisdiction Description: (Local Jurisdiction Name)	\$500.00	\$500.00 Other 2009O \$500.00
			Support Oppose		
./20/2009	Friends Of Evan Braude Campaign Cmte Long Beach, CA 90802 Committee ID: 1314224	MONETARY CONTRIBUTION Evan Braude, CITY COUNCIL CA	Contribution Ind. Exp Candidate: Evan Braude Race: City Council Member Jurisdiction: Local Jurisdiction Description: (Local Jurisdiction Name)	\$2,500.00	\$2,500.00 Other 2009O \$2,500.00
4/2 <mark>0/2009</mark>	Labor Chiang Fran Controller 2010	MONETA DV CONTRIBUTION	Support Oppose Contribution Ind. Exp	\$1,000,00	
/20/2009	John Chiang For Controller 2010 Sacramento, CA 95814 Committee ID: 1293148	MONETARY CONTRIBUTION John Chiang, CONTROLLER CA	Candidate: John Chiang Race: CONTROLLER Jurisdiction: Statewide Jurisdiction Description: Statewide	\$1,000.00	\$1,000.00 Other 2010P \$2,000.00
			Support Oppose Contribution Ind. Exp		
/21/2009	The Cmte For Working Families Oakland, CA 94610 Committee ID: 980228	MONETARY CONTRIBUTION CONTRIBUTION		\$25,000.00	\$0.00 Other
			Support Oppose Contribution Ind. Exp		
			SUBTOTAL		

Recipient Committee Campaign Statement - Short Form—

Type or print in ink. Amounts may be rounded to whole dollars.

	0.10.11.10.1	•••
Statement covers period	CALIFORNIA 150	
from <u>04/01/2009</u>	FORM 45U	
through <u>05/02/2009</u>	Page _5 of _6	_
	I.D. NUMBER	
	880969	

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Drive - Democrat, Republican, Independent Voter Education

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
/30/2009	The Cmte To Re-Elect City Attorney Dennis Herrera 2009 San Francisco, CA 94123 Committee ID: 1314475	MONETARY CONTRIBUTION Dennis Herrera, CITY ATTORNEY CA	Candidate: Dennis Herrera Race: City Attorney Jurisdiction: Local Jurisdiction Description: (Local Jurisdiction Name)	\$500.00	\$500.00 Other 2009G \$500.00
			Support Oppose Contribution Ind. Exp		
/30/2009	Alice Lai-Bitker For Supervisor Oakland, CA 94618 Committee ID: 1233563	MONETARY CONTRIBUTION Alice Lai-Bitker, COUNTY SUPERVISOR 3rd CA	Candidate: Alice Lai-Bitker Race: County Supervisor District 03 Jurisdiction: Local Jurisdiction Description: (Local Jurisdiction Name)	\$1,000.00	\$1,000.00 Other 2010G \$1,000.00
/20/2000	M. Mil F. G	MONITA DV GONTDINUTION	Support Oppose Contribution Ind. Exp	61,000,00	
04/30/2009	Nate Miley For Supervisor Oakland, CA 94602 Committee ID: 992285	MONETARY CONTRIBUTION Nate Miley, COUNTY SUPERVISOR CA	Candidate: Nate Miley Race: County Supervisor Jurisdiction: Local Jurisdiction Description: (Local Jurisdiction Name)	\$1,000.00	\$1,000.00 Other 2009G \$1,000.00
			Support Oppose Contribution Ind. Exp		
					Calendar Year
					Other
			Support Oppose Contribution Ind. Exp		
	1		SUBTOTAL	\$37,000.00	

Supplemental Pre-election		Type or _l	Type or print in ink.		SUPPLEMENTAL PRE-ELECTION			
Supplemental Pre-election Campaign Statement (Government Code Section 84202.5)			Amendment (Explain Below)		Date Stamp	C	CALIFORNIA 495	
	Check one of the following boxes to indicate which form is attached to this Form 495:						For Official Use Only	
	Form 450, Recipient Committee Car Form 450, Recipient Committee Car	. •						
1.	Committee Information		I.D.NUMBER 880969	'	Treasurer(s)		'	
	COMMITTEE NAME Drive - Democrat, Republican, Independent	Voter Education			NAME OF TREASURER			
	CTREET ADDRESS (NO D.O. DOV)				STREET ADDRESS			
	STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
	CITY	STATE ZIP CODE	AREA CODE/PHO	ONE	NAME OF ASSISTANT TREA	ASURER, IF ANY		
	MAILING ADDRESS (IF DIFFERENT) NO. AN	D STREET			STREET ADDRESS			
	CITY	STATE ZIP CODE	AREA CODE/PHO	DNE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX/E-MAIL ADDRESS				OPTIONAL: FAX/E-MAIL ADD	DRESS		
2 .	Contributions Made							
	DATE OF ELECTION: (MONTH, DAY, YEAR) 05/05/2009	JURISDICTION OF T	HE ELECTION	\$ _\$0.00	has been cont six months pri	tributed in connection w or to the election and er	ith this election	on during the period beginni s before the election
3.	Verification I have used all reasonable diligend under penalty of perjury under the	e in preparing and laws of the State of	reviewing this statement California that the foreg	and to the loing is true	pest of my knowledge the ir and correct.	nformation contained he	erein is true ar	nd complete. I certify
	Executed on	DATE			SIGNATURE OF TREASURE			
	Executed on	DATE	By sid	GNATURE OF CO	NTROLLING OFFICEHOLDER, CANDID	DATE, STATE MEASURE PROPON	NENT OR RESPON	SIBLE OFFICER OF SPONSOR
	Executed on	DATE	By		SIGNATURE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, STA	TE MEASURE PRO	PONENT
	Executed on	DATE	By		SIGNATURE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, STA	TE MEASURE PRO	PONENT

FPPC Form 495 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC